WOODCUT

THE MEDICAL MISSIONARY

VOL. XV OCTOBER, 1941 NO. 8

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ACROSS THE PAGES . . .

ROSALIE MARIE LEVY has set herself the task of doing "some active work to be added to prayers" for the conversion of the Jews. A convert from Judaism herself, she sums up in her commentary on this month's "Mission Intention," **For the Conversion of the Jews,** some of the accomplishments, the possibilities, and the avenues of action for the pursuing of this apostolate.

LAST MONTH we promised you a detailed account of the village visiting to which "one of the quintuplets" desired to devote herself. You will love Peter—and you will enjoy this visit to the frontier where chieftains do not speak directly to visiting ladies even when they have come to give help to the sick! (See p. 131, last column!)

SANITY ALONE never killed any germs. It takes sanitation, which leads one Medical Missionary to a "plea for sewers!" Writes Sister Elsie from her post in the Pindi hospital: "To fight for a safe water supply and sewage disposal sounds like an unromantic way of converting India, but it might do more good than fine arguments!"

SISTER VINCENT might have called her account of her latest trip a-back an elephant, "Sighs and Showers;" or perhaps, "Adventures on a Gourmand." Why? But you wouldn't want us to tell you!

R.N.'s, B.S.'s, trekkers and travelers, are all included in the NEWS FROM HOME AND ABROAD.

AND AS FOR Tic, he found vagabonding so much to his fancy last month, that he has pasted a big label across his back: "TO BE CONTINUED!"

(AND DON'T FORGET to look at the "Brick and Mortar" corner, otherwise known as "Brick-black Progress," on page 138.)

((ALSO, there are some interesting pictures on the back cover!))

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SISTER M. TIMOTHY, S.C.M.M.
Editor

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The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.

The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of Studies in Brookland, Washington, D. C., and Houses of Postulate in England and Holland.

At present the Society labors in India, where the Sisters conduct hospitals, dispensaries, maternity, and child welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

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"Should Love Ever Fail . . . "

ST. THERESE OF LISIEUX

"Should love ever fail, apostles would no longer preach the Gospel and martyrs would refuse to shed their blood." Thus writes the Little Flower in the story of her life.

"Should love ever fail"—just as truly there would be no more missionaries. The missionary vocation is a puzzle to many, even to Catholics. How many good fathers and mothers, for instance, cannot fathom why their children are allured by a life of sacrifice and labor in foreign mission fields. Their concern is but natural and cannot be otherwise unless they, too, are aflame with the same love that prompts their children's zeal.

The Little Flower's father, the father of the future patroness of missionaries, was one of these. What was harder than to give up his "Little Queen," as he lovingly called his youngest daughter! Yet he pleaded with her and for her to be admitted to Carmel at the age of fifteen! To her mother, too, the love of God was the dynamo of life. As a young bride she prayed: " . . . I will enter the married state to fulfill Thy holy will. I beseech Thee, make me the mother of many children, and grant that all of them may be consecrated to Thee." Would that such parents were as plentiful as the stars—there would be an abundance of vocations then, instead of a dearth, as there is now!

"Should love ever fail"—it seems that temporarily, at least, Europe, overshadowed by war (which is not love but hate), cannot help but fail to send missionaries. Up until recently, twenty-seven out of every thirty missionaries came from Europe. These ranks will not soon be filled; there will be gaps, setbacks, delays, in the spread of the Kingdom of Christ. There is one hope left, however: that the fire of missionary zeal blaze more brightly and intensely on another continent, in an air of freedom and peace!

This continent, this hope, is America, which only thirty years ago was a mission country itself. Now the Church in the United States is a vast edifice which shelters millions of children. It is the fruit of numberless sacrifices on the part of European missionaries. It is full of vigor and life. It is called upon now to step into the breach, to avert the ruin of what was built up at the cost of tears, sweat and blood.

America is called upon not only to give her prayers, her material means; she is called upon for her nearest and dearest, her own sons and daughters, to fight the good fight for the victory of Christ. Glorious opportunity—that can become an equally glorious reality only "if love does not fail"!

This love cannot be superficial, external—it must be real and deep, born of a faith in Christ as the Savior of all mankind.

Dear Readers, one and all, ask the Little Flower during this month of her feast to see to it that "love will not fail" in America in these fateful hours!

—A.D.

"If you were to sum up the need for medical mission workers, how would you state your appeal to the young women of America?" Mother Dengel was asked on a radio program during the June Convention of the C.S.M.C. at Rochester, N. Y. Her reply was as follows:

"If you will permit me to do so, I would like to put the question another way. I would ask: "What is the appeal to the young women of America to fill the need for medical mission workers in India?"

"To me, the main appeal is the opportunity it gives to walk in the footsteps of Christ; to be entirely consecrated to Him, and to share in some way His 'compassion for the multitude' deprived of the knowledge of the true Faith, the help of the Sacraments, and afflicted with so much poverty and disease. It is hard to be poor, but it is VERY hard to be poor AND SICK.

"A secondary appeal, I would say, is that the vocation of a Medical Mission Sister offers something very concrete, and is one that gives scope to many talents. There is adventure, interest and professional satisfaction in medical mission life. But as far as I am concerned, I would not have the courage to advise anybody to take it up for any reason except the love of God."

A "mud" village on the frontier

Peter and the Village Tour

By

Sister Alma Julia, S.C.M.M., Ph.G., M.T.

Peter (who really should have been called Paul!) is a catechist—a tall, fiery Afghan who (figuratively speaking) was thrown from his horse of Mohammedanism, and rose asking: "Lord, what wilt Thou have me to do?"

Now, no longer an Afghan chieftain, he carries on as a fiery Christian. I say, "fiery," because he still has traces of the Mussulman in him. I am sure our slow, peaceful methods must seem most trying, and he would prefer by far to carry Christianity from village to village at the point of the sword! (They say he still carries his Afghan knife up his sleeve. But when you see him talking to the little children, or kneeling and saying the prayers during Mass, you would never believe it!)

When the missionary priest visits the Mohammedan villages along the part of the frontier where Peter's village is located, Peter turns his own house (which he still possesses) over to the Padre for his headquarters, accompanies him on his rounds, paves the way, and, in fact, literally makes himself the "Padre's servant"! So much for Peter's practical zeal.

Now, Peter is also a confirmed "medical missionary." Before starting on a tour with the Padre, he always stops in the hospital dispensary for some medicines to take along.

"Sister-ji," he informs us, "in one village that we shall visit tomorrow, there are two women very ill with malaria. And there is an old man who coughs all night with tuberculosis. And there are two or three children who need ointment for their sores."

We give him the necessary medicines and he goes thankfully on his way. And the next week he is back again.

"Sister-ji, all the people have become entirely well from your medicines. But they write me now to bring some medicine for two people who have pneumonia, and there is another malaria case

Found on the examination paper of a native nurse:

"Headache will be your intimate friend if you don't breathe fresh air."

with chills and fever. And there is one woman who is very weak from loss of blood."

So again we supply him.

For two years it had gone on that way, and always we were assured by Peter that all the patients had recovered when they took our medicines! Was that just Afghan courtesy? Or was it true? I wondered.

It happened that Peter had a dream, but unlike most dreamers, he harped on the subject long enough and loudly enough—and made his dream come true! Peter wanted the Sisters themselves to come and visit "his" villages. He would make all the arrangements, he assured us—he and the Padre.

He did.

They did.

We went!

Sister Margaret Mary and I were delegated for the expedition. To me was left the task of packing the tin box with medicines, bandages and other things that we might need. I went to Peter for estimates.

"Tell me, Peter," I said, "about how many sick people there will be, and what they are suffering from mostly at this time of the year?"

"Sister-ji, there will be perhaps only twenty or thirty sick people, but many others will come just to see the sisters. I have written to all the villages around—about six or seven villages in all—and they will all want to see you. I will tell you before I leave about their illnesses." And then Peter bowed. "Thank you, Sister-ji."

Peter clasps his hands and bows humbly whenever he talks to "Sister-ji" or "Father-ji." He is very tall, even for an Afghan—head and shoulders over other people round about, so that he stoops even to talk to you, but when he bows!

Peter was to leave with the Padre the day before we did. True to his promise, he stopped once more at the dispensary.

"Sister-ji, I have written to inquire about what medicines it will be necessary for you to take. They tell me there are the following kinds of illnesses in the villages." He took out a notebook and pencil, and crossed out as he went along. "First, there are two or three women who have dizziness of the head and are weak." ("Anemia or old age," said I to myself.)

"Second, there are two women who have swelling around their hearts, and their hearts flutter like this," there was a graphic demonstration, "and they go very fast." ("Put in some digitalis pills," I noted on my mental list.)

We may build the most wonderful hospitals in the world, we may have the best equipment that money can buy, our dispensaries may be the last word in efficiency, but the most important "scientific method" is the medical missionary herself. Whether she be serving as doctor, nurse or in any other capacity, the value of her qualities cannot be too highly emphasized. Though it would be a mistake to demand that she be wholly perfect, nevertheless, she must have at least a normal intelligence and practical ability, coupled with high ideals and an infinite capacity for perseverance.—Medicine in the Service of the Missions.

"Third, there are a few women who have vomiting after they eat, and swelling around the stomach, and pain." (This was a bit more vague. Gastric ulcers? Cancer? I would take some Sippy Powders.)

And so Peter went from symptom to symptom. At the end he paused; then announced gravely: "I have added them up, and there are eleven different kinds of illnesses."

"Thank you, Peter," said I, with equal gravity, "I will put in medicines for all of them."

Just before they left, we heard Peter insisting that Father let him meet us where we changed trains. Peter's village is perhaps forty or sixty miles away. A short branch line of the railroad comes to within a mile of it—it is the last, or almost the last, train this side of Afghanistan. I don't think there are **any** in Afghanistan; I know there are none in Kashmir. We were to take the train Thursday morning, change at a little village twenty miles away, whence the second train would take us to our destination. It was at this point that Peter wanted to meet us. Although we had only to step out of one train and into the other, yet he feared we might get lost or stolen! We poor Americans!

"Wouldn't I love to take Peter down Fifth Avenue, New York," said Sister Margaret Mary.

"Or on the subways," I added.

But Peter had his way, and the final arrangement was that Peter was to oversee our "getting off and getting on."

* * *

It was while we were tucking in the final odds and ends, that the telegram came. Strange to say, telegrams are very cheap here, so it was not so unusual to receive one. But the message itself was a bit cryptic: "SISTER MARGARET: CHILD BURNT REACH WITH MEDICINE. PETER."

The telegram was truly in English "as she is spoke," a language about which Peter knows nothing. The man at the telegraph office is always willing to translate for you from Pushtu or Hindustani or Punjabi, or what have you—or you may pay a translator a penny or a fraction of a penny in the bazaar to write out the telegram for you.

"What does he mean, 'reach with medicine'?" I wanted to know.

"He means have medicine with you when you arrive." Sister Margaret Mary has been here about ten years. So we "reached," and "medicine for burns" was added to our kit!

* * *

We arrived at the village where we were to change trains. There was our tall Afghan, all smiles, towering over all the hillmen and Punjabis on the station platform. He helped to settle our luggage in the "Women's Intermediate Class" coach, and then faded unobtrusively into the background. He was too polite to talk to us, except for "salaams," but Afghan chieftain

though he was, he did not disdain to act as our servant before all the world!

Here I may as well enumerate the luggage. We were to be gone for only three days, and the weather was not too cold, so, by strict economy, we managed to put bedding for both of us into one canvas bedding roll. In India, everyone carries his own bedding everywhere. Even the hotels and "dak bungalows" (houses maintained by the Government for the accommodation of travelers, but which have no "inn-keeper" or servants except at special times) do not furnish so much as a mattress! Then we had the tin box of medical supplies, one suitcase for clothes, a small attache case, a large tiffin box, and a cape and an umbrella for each of us. (We needed the latter more than once when the rain came!)

The Padre met us at the end of the railway line and settled us in the tonga which took us to the "dak bungalow" that had "rooms reserved for the Sisters"! Here we simply dropped our luggage, except the medicine and lunch box, and then drove on to Peter's village a mile beyond. Peter decreed that we must come to his house and rest ourselves while he made tea, and after we had eaten our lunch, he would take us to see the burned child (accident already two days old!).

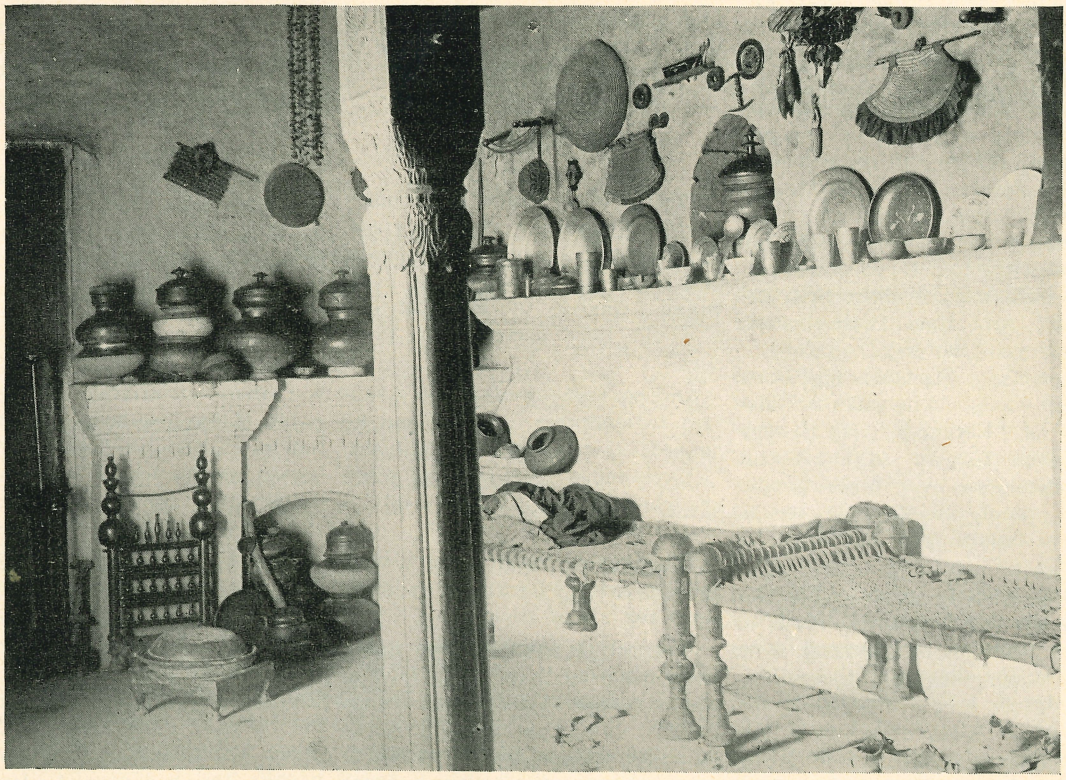
A diamond is a chunk of coal that stuck to its job.—"Take Courage," by Rev. Bruno Hagspiel, S.V.D.

This was my first experience in one of these native mud villages, and I was agreeably surprised. Mud walls, mud ceilings, mud floors, mud fences, mud ovens—you felt as if you were sitting in a clay-model village on a kindergarten table. But sun-baked mud can be quite nice, and the houses are cooler in summer and warmer in winter than the more stylish brick dwellings of the richer folk.

The streets of the village varied from four to six feet in width, and seemed to be a perfect labyrinth. We turned into a gate and found ourselves in a mud courtyard with three rooms completing the square. One room was Peter's house.

We walked in. It was quite spacious — about twenty feet by twelve, and perhaps ten or twelve feet high. Wooden beams, handcarved, supported the wooden rafters which, in turn, held up the twigs or tiles that supported the mud roof—or was it sun-baked brick? The mud walls inside were whitewashed. A shelf on the long side held dishes and holy pictures and a crucifix. Peter was—and still is, I believe—the only Christian in the village! But somehow or other, he remains the "big man," and everyone bows to him. Peter's brother, a devout Mohammedan still, shares the courtyard with some other relatives — and there were also two buffaloes, a baby buffalo and some chickens to complete the household.

We ate our lunch at a table in Peter's cool room, while he, from



Interior of a Punjab Home

somewhere, produced dishes and tea—Peter would have been shocked if we had suggested that he eat at the same time as we, or with us. Father told us that this was his room whenever he came to the village: Here he offered Mass, here he slept—and here, incidentally, we held our first dispensary after we had visited the burned child!

The child was about four years old. Her clothes had caught fire, and at least half of her body, including her face, was badly burned. She was semi-conscious and apparently a hopeless case. We dressed her burns (they had been covered with honey, which was pretty good village first-aid), and left other medicines, together with instructions and a promise to return before leaving the district.

Then back we went to Peter's room, which was now turned into a dispensary. We unpacked our medicines and saw the women and children, one by one, as quickly as we could, altogether about sixty or seventy patients that afternoon. Every two hours Peter would bring in another pot of tea and urge us to drink—he had most likely received the impression somewhere that the way to show hospitality to the English is to give them tea every two hours!

My greatest difficulty was that I knew a very limited amount of Punjabi, and the dialect here was different from the little I knew. But Peter interpreted for many of the patients, translating from their Pushtu or Punjabi into a beautiful Hindustani that even I could understand. As for the patients themselves!

"What is the trouble, Bibi-ji?"

"Look," she says, and holds out her pulse. From the pulse alone she seems to think you can diagnose the most obscure disorders!

After we had finished with the women, Peter took us to another courtyard where the Padre was talking with about a dozen men. They also wanted medicines for their illnesses. Two were really bad heart cases; the others were principally malaria cases, as were so many of the people whom we were to see the next two days. There were not so many suffering from acute malaria, but at least half the people we saw were "chronic malarias," with enormous spleens and anemia and attendant disabilities.

It was only about 6 p.m. when we finished, so we walked along the river to the next village, a mile away. This whole section is a beautiful valley, with fields of wheat, leeks and sugar cane and some fruit orchards. We saw the men crushing the sugar cane with primitive crushers drawn by a buffalo that went round and round. The juice thus extracted is boiled down in out-door vats and from it "gur" (a kind of molasses) is made. For refined sugar, the cane is sent to mills farther away. There are also some primitive but none-the-less productive flour mills.

When we reached the next village, we stopped at the house of the headman. It was fronted with a formal garden, which is unusual in these parts. He brought out chairs and offered tea, but we did not stay long, promising rather to come back the next morning and see the sick of his village. It was interesting—we mere women were not spoken to directly here; all the arrangements were made through Peter and the Padre—mostly through Peter!

But now it was growing dusk, so we set out for the main road where Peter had a tonga waiting to take us back to the "dak bungalow." Sister and I were left there to do the unpacking and eat our dinner, while the Padre and Peter went back to the latter's home for the night.

Of course, Peter had made arrangements for our dinner, and a servant brought in a good, hot meal. Then we said our prayers, read and talked for a while, and then—to bed. To our surprise we found that there were no windows to the bungalow, but only doors which led in every direction. As far as I knew, we were the only guests, so we carefully locked the connecting doors, and then built a fence of chairs across the front door which was left open for air. The barrier was intended to discourage any stray cows or camels that might choose to wander in, but nothing disturbed our peace. Our only worry was to awaken in time the next morning, as the tonga was to call for us to take us back to Peter's house for Holy Mass.

(To be continued)

Even though one does not have millions to spend on a hospital, it must meet the minimum requirements of the present-day institutions in construction, equipment and personnel. At the same time, one must adapt it to the customs of the region. For instance, in the north of India when a Mohammedan woman goes to the hospital, she insists upon a female relative remaining with her day and night. This means that a string bed must be put up for the companion by the side of the patient, and the order of the hospital ward is thus sacrificed.—Medicine in the Service of the Missions.

There is no room for the foolishly sentimental. The medical missionary must blend firmness with a kindly, sympathetic attitude in her dealings with the people among whom she is to work. She must be willing to make the sacrifices demanded of her, which will be not a few. But if she is working sincerely for the love of God, this will not be difficult. Though the trials are different and perhaps a little more acute than at home, they are by no means beyond human endurance.—Medicine in the Service of the Missions.

One baptism is a greater event than the creation of a world.

That is what St. Thomas Aquinas and St. Augustine mean when they recognize a more magnificent work in the raising of one soul to the divine plane of supernatural life than in the divine act of calling a world into being out of nothingness.—The Far East.

The Ubiquitous Ameba

By

Sister M. Elise Wijnen, S.C.M.M., M.D.

Whenever a new patient arrives at the Holy Family Hospital, the doctors promptly make an effort to fit her up with a "provisional diagnosis." This medical pigeonholing often involves a good deal of head-scratching and brain-searching. Sometimes the aid of the laboratory must be invoked before any definite statement can be made. But there is one diagnosis which is almost too easy, and that is "amebic dysentery." They **all** have it, men, women and children. The life story of the Indians in this vicinity is dotted with episodes of fever and diarrhea, much as our American winters are marred by the "common cold."

From the textbooks one gets a rather deceptive picture of amebiasis. The disease is described as chronic from the start, with a low fever and only mild abdominal symptoms. Only one complication is discussed with considerable emphasis, the dreaded liver abscess, which threatens the Westerners in the tropics more than the natives. But the doctors who are working in this neighborhood do not feel so sure about the alleged mildness of this infection. They have learned by experience to have a little more respect for the ubiquitous ameba.

I am sure you would agree with them if you could have seen little Nirmila, aged four, carried in one day, in the arms of her frightened mother. She had had a fearful convulsion, which had left her limp and exhausted. The child was barely conscious and had a temperature of 105°. High and low we searched that baby, to find a cause for these symptoms, but though we did all the tests we had at our disposal, the only thing that showed up was the "entameba histolytica." Because this is such a common incidental finding, we really had very little hope of any treatment directed against this disease. Finally we gave it anyhow, having tried several other medicines with no success.

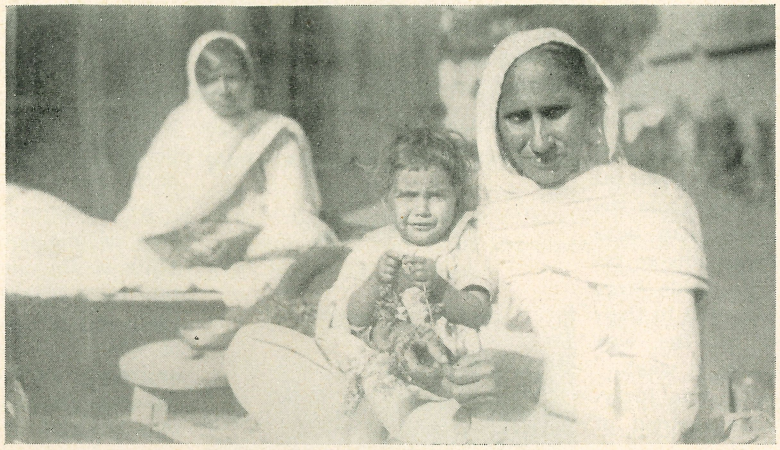
Intense servants of God and man are inclined to leave their own reward alone; they want to do something worth doing for God and for man, and to leave the rest to look after itself. They want, like Our Lady, to glorify the Lord; they want others to glorify Him; they want "His mercy to be spread from generation unto generation to them that fear Him." They want to do that and nothing else; and when they look to Him for an inspiration as to what He would have them do, the first lesson is that they should care for the blind and the lame, the deaf and the sick, the leper and the lunatic. By this He made His way into the hearts of men; by it He assured His disciples that they would do the same. Caring for the sick is His first weapon for the conquest of the world, and that, because it is the first and most direct act of charity, the most manifest proof of our love, alike for Him and for our fellowmen. Other things are necessary, teaching, organizing, training in the various ways of life; but caring for the sick was Our Lord's first way, by it He proved to those poor folk of Galilee that He cared for them, every one.—Archbishop Goodier.

Lo and behold, two days later the temperature had flattened out to normal and the child was sitting up in bed, demanding her "roti" (bread). Her unruly mop of curls, furious brown eyes and kicking little legs in white pantalettes were a joy to behold, after the unnatural deathly quiet of her previous coma. It took the combined persuasive powers of all the doctors and nurses to keep the child and her mother in the hospital long enough to finish the course of treatment.

Such a dramatic recovery is by no means rare among the children. They can get very sick from amebic dysentery, but small doses of emetine, injected under the skin every day for six or eight doses, followed by a course of carbasone, given by mouth, seem to effect a complete cure. Re-infections are common, however, and demand a prompt and thorough repetition of the treatment.

But adults, who have had one attack after another, and in whom the ameba has become a tough-walled cyst, firmly embedded in the intestinal mucosa, by no means respond so quickly. One can exhaust the pharmacopeia on them and take weeks to clear up all the symptoms, only to see them relapse in a few months. Moreover, these amebae seem to get into places where, according to the textbooks, they have no business to be. Over and over again we have demonstrated them in the sputum, even when there wasn't

a sign of a liver or lung abscess. That they are not merely contaminants is shown by the fact that the cough and expectoration clear up under specific treatment. out but to make one's own observations and draw one's own conclusions. We are convinced that the microscope and the hypodermic needle have saved many infant lives otherwise doomed without them. To find the amebae under the microscope is ordinarily quite easy, provided one knows how to recognize them. Yet it is



Patients convalescing

Holy Family Hospital

One such patient entered the hospital a few weeks ago, firmly convinced that she had tuberculosis. All the symptoms, cough, low fever, bloody sputum, weakness, seemed to point that way. The X-ray, however, was entirely negative, and repeated sputum examinations refused to relinquish a single tubercle bacillus. What we did find was our old enemy, the ameba. A few weeks of treatment, and Amrat Kaur was a new woman, relieved of the nightmare of tuberculosis, more feared by the Indians than any other disease, except leprosy.

Even more surprising was the finding of amebae in our nursery. Here, in babies three and four days old, would be present an infection which is supposed to take weeks of incubation period. These diarrheas used to be called "summer complaint" and used to carry off many babies every year. Now, under emetine treatment, these infants regain their lost ounces and go home alive and well. In such conditions textbooks are not of much use. There is no other way a sadly neglected test in many places.

Unfortunately, with all our pills and injections, we do not even make a dent in the huge problem of amebic dysentery in this vicinity. **Sanitation** is the only answer to its challenge. As long as hygienic sewage disposal is absent or inadequate, so long will the amebae grow and flourish. It is true that they do not often form the immediate cause of death, but they do make life so miserable, that it hardly seems worth living. Weakened and anemic from constant fever and diarrhea, these patients face increased risks with every delivery, operation or any kind of illness.

To fight for a safe water supply and sewage disposal sounds like an unromantic way of converting India, but it might do more good than fine arguments!

"All our concern should be to see that we are always where grace can work through us (i.e., where we are 'called' to be) and that we do our share of putting grace in circulation. God is the millionaire, but we are His banking corporation; just how the credits work we are not called upon to know, but the point is that they will not work at all without the fidelity of every little clerk within the firm—who may at any moment be called upon personally to carry a fortune to a client, or who may see it paid straight over the counter, on someone else's check, while he just enters it in a book and wonders.

"How F.X.J. got the Faith I do not know. Why his family don't get it I cannot tell. But I feel sure that everybody would be given more of it if the whole Church was living a keener life in the supernatural order."—T. Gavin Duffy, "Fantastic Uncle."

"Tripping" on Tiny

By

Sister M. Vincent, S.C.M.M.

We had another trip to Nagari a few weeks ago—you remember our famous ride on Tiny, the elephant, which we wrote about before. This time we sent a note to Sister M. Aloise (C.S.C.) about a week beforehand, to ask if it were too wet for elephant travel—or if it would not be safer to make at least part of the journey from the station by boat, as it had been raining for two weeks. Sister replied that as all the fields were flooded, including the road to their convent, the boat all the way would be best—so, boat it was!

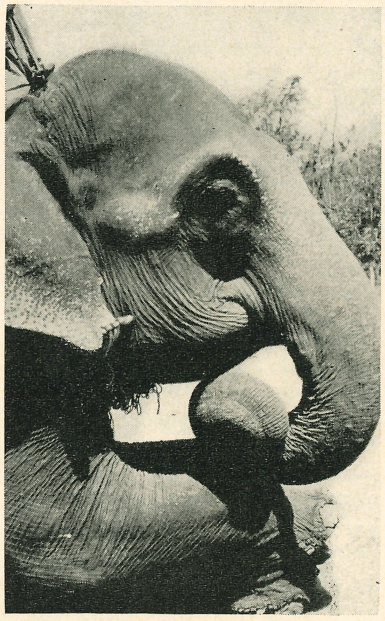
The train, as usual, was forty-five minutes late; so instead of reaching Pubail Station at 5:15 p.m., it was just after 6 o'clock when we arrived. Our boat was just an ordinary little country craft with two "moros" (cane stools) set in the bottom. We had quite a time getting in and arranging ourselves without upsetting the boat or ourselves! Then off we started, with two rowers.

It happened to be a beautiful evening, full moon, and the trip through flooded fields, was lovely. The journey took all of an hour, but we still arrived in time for supper! Sister Aloise and her four novices were waiting for us, and the thirty orphans welcomed us lustily with their: "Nomushkar, Sishtar!"

The next day, after lunch, Sister asked us if we would like to see the other mission at Mathbari (pronounced "Mudberry"!). She said she thought the elephant could go there—which delighted us no end. All week we had been debating as to whether our trip would be by boat or elephant, and now we were going to have both!

At 3 p.m. Tiny arrived, a moving mountain as frisky as a lamb, swinging a big banana tree in her trunk. We let her finish her tidbit before we attempted to get on her, as two of the Bengali Sisters were coming along and were a wee bit timid, never having taken this mode of travel before!

Once we were all on, Tiny trotted off as if she were going to her dinner. And she wrought havoc in her wake! She pulled up almost every banana tree she passed, and would keep banging it on the ground to get the dirt off the roots. Then she would pause to strip and eat it. We, of course, were up among the treetops, where we picked green mangos for the mahout to give her. He would say just one word, and up would come her trunk. The fruit was swallowed whole!



Herself—Tiny

We asked the driver what the magic word was.

"Delee," said he.

Up came the trunk—but there was nothing ready for her on that trip!

Going through the rice fields, Tiny would sink almost up to her knees in the mud, and for compensation would pull up all the paddy (rice plants) within reach!

At the mission we got down to look around and visit the Church. Tiny, in the meantime, had eaten ten more banana trees! We had pondered before over the problem of whether an elephant can taste anything. Father sent for some bananas and the boy brought back two bunches of little ones. Tiny saw them, and when the mahout gave her a mere four at a time, she turned up her trunk for more; only when she had collected ten or twelve in her mouth did she begin to chew. That is a small mouthful for an elephant! After all that, she was still hungry, and kept up her "munching" all the way home. She wasn't content with just little branches from the trees, but tore off whole limbs!

I noticed that we did not meet one dog on the way, though usually four or five mangy little fellows run out from every bari (native hut). When I mentioned this to Father, he said the panthers are around every night and take them. They had even taken his cat a few nights before—so you see, the "Bengal Tiger" is not a myth!

We passed through real jungle on the return trip, but did not see any signs of anything unusual, except acres of pineapples. I suppose these do not appeal to the wild animals' appetites!

We were quite tired and dirty when we got back. Two hours on Tiny was enough. Every time she sighed, we received a green shower bath. I could not help thinking how awful it would be to be riding her if she had a cold—and sneezed!

October Mission Intention

By

ROSALIE MARIE LEVY

When our Blessed Lord walked with men in Palestine nearly two thousand years ago, He told them that He was sent to "the lost sheep of the House of Israel." Centuries before, God had chosen the Israelites as His instruments to spread the knowledge of the one, true God and His Commandments. His blessings He showered upon them in abundance; but, time and time again, they fell away and worshipped false gods. God's punishments followed, in order to lead them back. For proof of all this, one need only peruse the Old Testament.

The Israelites prayed constantly that the Redeemer promised by God would come. The prophets Isaias, Jeremias, Ezechiel, Malachias, Micah and Daniel had clearly foretold the time and manner and place of His birth; but when Jesus, the Savior, was born, only a few of the Israelites recognized Him as their Messiah. They were happy beyond the telling. They followed Him faithfully; they believed that He was the Son of God, and accepted all His teachings. These were the first converts to Christianity.

Today we find Catholics of the opinion that conversions from Judaism to Catholicism are rare. Others think it quite impossible to convert Jews.

The Apostles and disciples of the Savior were Jews. They accepted His teachings, and laid down their lives for the new Faith. St. Peter converted three thousand on one occasion (Acts II:41), and again five thousand (Acts IV:4). May we say that the work of the Holy Spirit ceased with the death of the Apostles?

Many Jews, through the centuries, have accepted Jesus as their Messiah. However, there are obstacles in the path of Jews seeking the Truth; for instance, the example of some so-called Catholics; persecution from their own families; indifference or mistrust of Catholic friends, etc. Despite persecution which so frequently follows Baptism, most converts prove to be loyal Catholics. Many are obliged to leave home, position, friends—but they willingly sacrifice all in return for the grace God bestowed on them.

By a constant study of the Gospels we get to know our Blessed Savior almost like those who saw and heard Him, and so to love Him with whole mind and heart and soul and strength. In these pages are contained the riches of Christ.—Rev. J. B. Tennelly, S.S.

The obstacle of indifference on the part of Catholics to their Jewish neighbors is not a slight one. A more Christ-like attitude on the part of Catholics would, I feel certain, arouse the interest of many Jews in the Catholic religion, since Catholicism is the fulfillment of Judaism.

Shortly after I became a Catholic, I realized that little effort was being made to bring the knowledge of the Truth to the Jews. Missions were being given to non-Catholics, but sermons and books were more applicable to Protestants than to Jews. Theodore and Alphonse Ratisbonne, brothers and priests, converts from Judaism, founded two religious orders: the "Fathers of Sion," and the "Sisters of Sion." But their work was principally to pray for the conversion of the Jews. While prayer is necessary to accomplish anything, especially when it is for the honor and glory of God, I thought that some active work should be added to prayers. I appreciated so fully the wonderful grace gratuitously bestowed upon me that the desire to share it with my former coreligionists urged me to try, in my limited way, to bring the same happiness to them.

Talking the matter over with the late Rev. L. J. O'Hern, C.S.P., and Sister M. Paulina of the Visitation Order, I was encouraged to publish "The Heavenly Road," in order to prove to Jews that their Messiah has come in the Person of our Lord and Savior Jesus Christ, and that He founded a Church—the Catholic Church. The manuscript was submitted to several Catholic publishers. It was refused with the remark: "There is no demand for such a work."

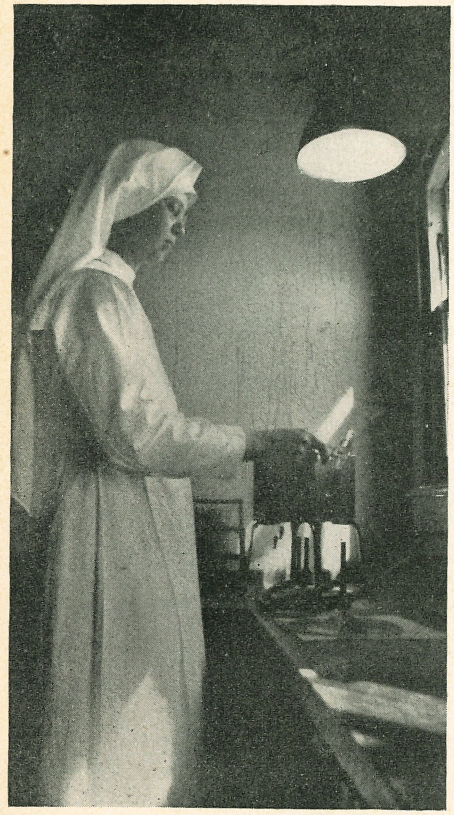
I felt that there should be a demand, and proceeded to publication. The first edition of one thousand copies was sold out in less than six months; a second edition followed. To date there have been six editions of 21,000 in English, and 10,000 in German.

When I decided to publish, "Why Jews Become Catholics," it met with the same refusal as "The Heavenly Road." Convinced of the need for such a work to encourage Jews, and to prove to Catholics the sincerity and loyalty of Jewish converts, I decided to publish the new book. Later, there followed "Judaism and Catholicism," and others.

During the past twenty-two years many Jews, helped by these books, have asked for Baptism in the Catholic Church. Through the interest evoked by these books and the more recent ones by David Goldstein, convert from Judaism, aided by the prayers of thousands of members of the Archconfraternity of Prayers for the Conversion of Israel, as also the work of the Catholic Guild of Israel in London and New York, the Apostolate to

(Continued on page 138)

News From Home and Abroad



Above: Sister M. Theophane—Laboratory work
Below: Sister M. Michael—Home visiting

Two more Medical Missionaries have earned the right to add "R. N." after their names—and "B. S.", too, since Providence Hospital, Washington, D. C., where the Sisters trained, is affiliated with the Catholic University of America and confers the Bachelor of Science degree in Nursing.

The graduates are Sister M. Theophane, B.S., R.N., and Sister M. Michael, B.S., R.N. Besides following the regular nursing curriculum, both Sisters were privileged to take as their elective in their senior year a course in Visiting Nursing—a valuable preparation for their work in the mission fields, to which they look forward.

Three more Medical Missionaries are enrolled at Providence Hospital.

* * *

The Mission Band has kept us informed, to date, of its progress as far as Honolulu. The first step, from Philadelphia to San Francisco, was made by car, with the mother of one of our sisters as driver. Of the four who left, three were from Holland, and the vast stretches of American farmland, mountains and deserts, made a deep impression. Sister M. Damian describes it enthusiastically:

"It was a wonderful trip. We drove about 3,000 miles in seven days—and I think that is very good! And everyone was so kind to us!

"Kansas is very flat. I was amazed to see the great fields of sunflowers . . . And the next day we were driving through the Rocky Mountains! I have never seen so many mountains in my life—it was beautiful. At Taos, New Mexico, we got a glimpse of Spanish influence. The settlement there dates back to 1610. We saw real Indians, too, with their braided hair.

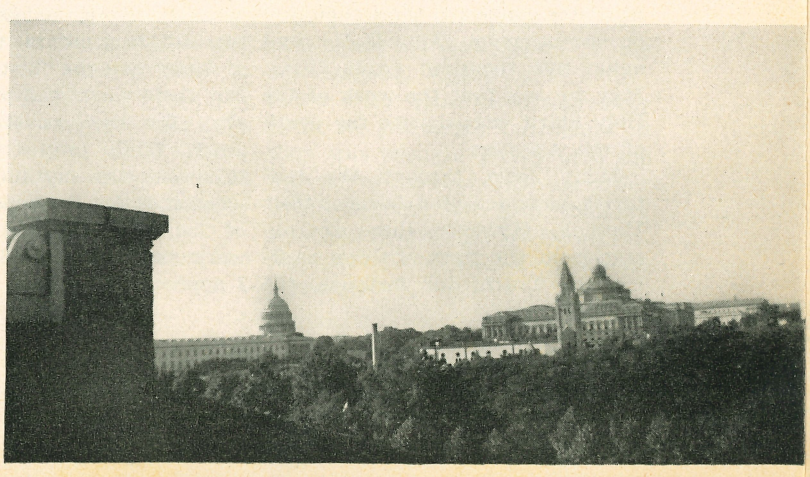
"The Grand Canyon was a bit out of the way, but we had time enough for a little detour, and took it. We tried very hard to reach there in time for the sunset, but it was impossible, so we made up for it by arising at 5 a.m. the next morning and seeing the sunrise! It was exquisite! The color of the Canyon, the great depths, the shapes of the rocks and their curious formations—it was beauty I shall never forget.

"At 9 a.m. we left the Canyon; at 3 p.m. we were on the border of the desert, and it was too hot to go on, so we slipped into the little church of the border town where we stopped and made our Holy Hour.

"In the meantime some clouds had blown up to hide the sun, so we started off once more, and only in the region of Death Valley was it very hot; the other parts were quite endurable.

"And then we were in California where there is everything—mountains, hills, rivers, sunshine, flowers! All along the way there were orchards—this morning I tasted fresh figs for the first time—they are delicious!

"And then we drove over the bridge and saw San Francisco be-



Horizons — from the roof of Providence Hospital, Washington, D. C. To the left is the dome of the Capitol; to the right, behind the spire of St. Peter's church, is the Library of Congress. The two graduates are looking beyond to an even wider horizon —the mission field!

fore us, built on the hills, the houses so white and clean looking, the air so fresh—it is really a beautiful city. I am so happy to have had this opportunity of seeing the beauty of America—I shall never forget it!"

Of the stay in San Francisco, Sister Nicola writes:

"We are staying in the hospital here, and it is lovely. When we were being taken to our rooms, we stepped into the elevator and went **down.** It seemed at least three floors, and we emerged expecting to find ourselves in some sort of a basement, but when we reached our room and looked out of the window, behold! we found that we commanded a view of the whole city! The hospital is built on a high hill, and seems very centrally located.

"I must confess that when we went to the office to find out about our sailing this morning, I was not entirely disappointed when we were told that there would be a delay of two or three days—as long as it would be no more than that! It has given us an opportunity to see many beautiful things!"

Sister M. Hedwig continues the narrative:

"On Wednesday we went on board. We were told that we would not sail until the next morning, but we stayed anyway. It was exactly noon when we floated away from the pier—but we were not quite ready to venture into the Pacific. First we circled round and round the bay to try out an apparatus which would prevent magnetic mines from being attracted to the ship; then at last we went under the famous Golden Gate bridge and out to sea!

"We are on the Klipfontein, a Dutch boat, and for us three Hollanders it feels like being on a little corner of our own country once again! The boat is small, and everything is very clean. The crew is Dutch, except for a few Indian Mussulmen, and the servants are Javanese. They are very picturesque, with their flat noses. their native sandals, and their striped coats. Today it is warmer, and they appeared barefooted and in white. For head-covering they have a cloth of batik work which they wind around like a turban, leaving two points to stick out in the back, like horns! When they are not on duty, they simply squat, anywhere and everywhere!

"We are nearing Honolulu now and sailing very slowly as we do not want to arrive there at night: there are no pilots to bring us into dock. We shall have a full day there and everyone may land—so that means we shall get to Mass and Communion — we have no priest on board."

Sister M. Dolores, the American member of the band, is likewise enjoying her trip aboard the "little bit of Holland":

"This boat is **very** Dutch. Not a speck of dust anywhere—and they have cheese for breakfast! I tried some myself this morning.

"The first day out we were all a little seasick—all, that is, except Sister M. Nicola, who obligingly took care of the three R. N's.! But it was not so bad. According to the description of one of the victims (I shan't mention names!) it was just a 'mix 'em up in the stomach and a nothing in the head!' And after one day we all recovered.

"Among the passengers is a little Indian lady from Lahore. She is a Mohammedan who attended the Catholic school there and so has come to like sisters 'very much'. For the last three years she has been attending the University of Michigan, where she acquired her M. A. in education, and is now returning to India to teach.

"When she learned who we were, and where we were going, and why, she offered to teach us Urdu —and of course, we accepted. So, every afternoon, just after tea, we line up like a row of school children and have our lesson. It is really a wonderful opportunity, especially since the boat is proceeding very leisurely, and we have been told that probably we shall not reach India before November 1. Two months of 'schoolwork' will be a real help, I am sure, and Urdu is the mother-tongue of our teacher. We are beginning to learn to write—or more literally, to **draw,** the script, too.

"We are getting into a much warmer climate, and the ship's officers and crew have put on summer apparel.

"And now I must study my Urdu lesson—we have home-work, and everything! On the eleventh we shall be in Honolulu, and these letters will be posted. Of our stop there, we shall have to write you from the next docking point."

* * *

From Sister Alma Lalinsky, M.D., in Pindi:

"Everyone here at Holy Family Hospital is busy as usual. Sister M. Camillus is on night duty, Sister M. Jude is in the wards, Sister M. Magdalene is looking after the private patients, Sister Alma Julia and Sister M. Bernadette keep busy in the Dispensary, and Sister Margaret Mary keeps tab on the operating room in between her multifarious other duties! Even Sister Stephanie manages to look in on the nursery after her center work, since we have so much to do.

"Sister Camillus has taken under her special wing two little premature Anglo-Indian girls — twins—and is trying to postpone indefinitely their flight to the Golden Gate. Ann and Patricia are their names, seventeen days is their age, and six pounds is their **combined** weight! Ann seems to have more character and spunk than her older sister! They must be tube-fed; one of the sisters remarked during the process the other day: 'My, it's a good thing they can't have ice cream and cake. It would be a perfect waste, since they could never even taste them!'

"We are still enjoying our cycling, though it is a bit hard on the short sisters: some of them can't reach the pedals half the time. That reminds me: If anyone knows of a spare tricycle that wants a rider, they could send it to Sister Xavier (a native sister from Bengal), one of our recent graduate nurses and midwives who is now working in her own country. She is barely 4½ feet tall, and they cannot get a bicycle small enough for her!"

(Continued from page 135)

the Jews bids fair to increase and to yield a rich harvest.

Thirty-one converts from Judaism were confirmed by the Most Rev. Thomas E. Molloy, D.D., Bishop of Brooklyn, this year. Other cities report increased numbers of conversions. Therefore, conversions from Judaism are neither rare nor impossible. A respectable number of Jewish converts, wishing to do all for Christ, have embraced the religious life. To my knowledge, in the United States we have a Redemptorist priest, a Blessed Sacrament Father, a Passionist Father, five diocesan priests, two Dominican nuns, two Sisters of Mercy, two Good Shepherd nuns, one Carmelite nun, and several Franciscans.

During the past year a New York City Jewish convert entered the Cistercian Order; another, the Society of the Holy Ghost Fathers, which was founded by the Venerable Paul Liebermann, himself a convert from Judaism.

Miraculous conversions, like that of Saul of Tarsus and Alphonse Ratisbonne, are rare. God's ordinary way is to use man as the instrument through which souls are brought to Him. It is hoped that every Catholic will soon join this Apostolate. Those who are able should do some active work; however, everyone can pray daily for the conversion of the Jews, so near and dear to the Sacred Heart of Jesus.

Please pray for the repose of the souls of:

Sister Mary Fidelis, Hartford, Conn.

Sister Mary of the Nativity, O. P., West Springfield, Mass.

Sister Margaret Mary, Baden, Pa.

Sister Mary Richard, Baden, Pa.

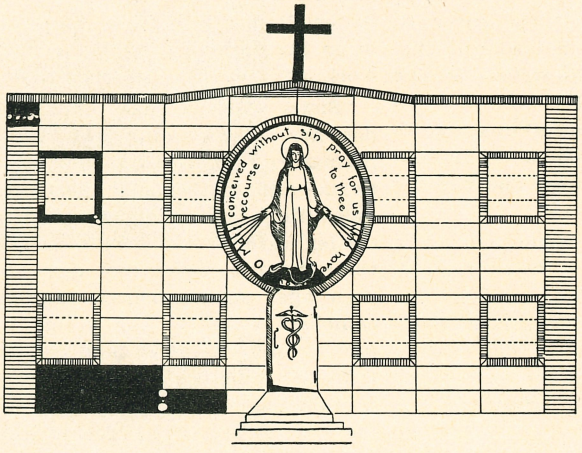
Sister Mary of St. Anthony, Germantown, Phila., Pa.

Mrs. Mary Swinburne, Brookland, D.C.

Mr. Thomas Hanley, Washington, D.C.

May their souls and the souls of all the faithful departed through the mercy of God rest in peace. Amen.

HELP THE SICK - - - BLACK A BRICK



Some say we can't—
But we say we KIN!
It only means everyone
Has to pitch in,
And there's no time like now
For us all to begin—
We're inviting you all
TO TURN OUT AND BLACK IN!

Black in what? Why, bricks, of course!

The large bricks represent $1.000 each; the "half" bricks around the door, $500; the subdivisions of the "half" bricks along the sides, $100, and the "bricklets" around the windows and edging the roof, $1.

The dotted lines show last month's boundaries; that means that $1,227.00 has been added and the $1000 represents a brick blacked with one swipe of the brush! It earned a B.B.*, (maxima cum laude!).

So ———

Keep the pennies marching, marching, and the dollars and the dimes,

With their military tramp and turns and clicks,

Sure, they've volunteered for action, and they've all turned out to fight

The Battle of the Blacking of the Bricks.

Send your "brick-blacking" donation to:
MOTHER ANNA DENGEL
8400 Pine Road
Fox Chase, Philadelphia, Pa.

Dear Mother Dengel:

I am delighted to join in your "black-in bricks" campaign. Enclosed please find $..... to cover ..... bricks.

Very sincerely,

.....

Invitation

I'm blacking bricks, blacking bricks—
And elegant game! Of all the tricks
I ever have learned, I am impressed
That this is the one I like the best!
(I don't mean for ever and ever and aye—
I've a Place-To-Go, and I cannot stay,
But I'll stop for a bit—it's a vagabond's way—
And it's fun—brick-blacking—just for today!)

I'm a ragamuffin, sure,
I have nothing that's secure,
What I haven't got—heigh ho! I do without!
Folly, shiftlessness, you say?
But it's carefree and it's gay,
And a ragamuffin knows what he's about!

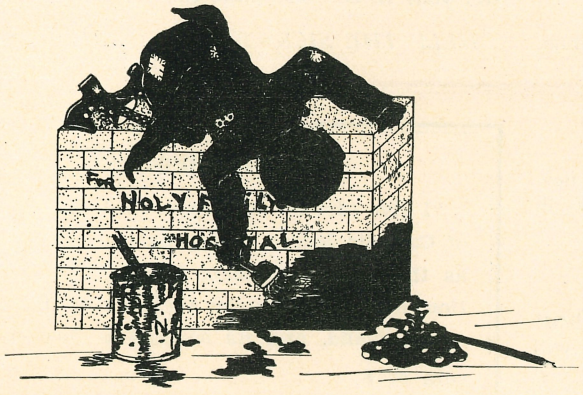
I've confessed that I'm a tramp,
Just a helter-skelter scamp—
I have naught but Smile and Song to give for surety,
But I'm satisfied this way—
With this living day by day—
For the man grows smug who has too much security.

I've no trousseau in my pack—
All I own is on my back,
I expect my garb would never stand inspection!
I've no planned and charted trail—
Makes no difference, hill or dale,
Bend or dip—as long as it's the RIGHT DIRECTION!

I've no "boss"—but I've a King,
And it's quite the grandest thing—
He extracts me out of every kind of fix!
(That's the secret of it all—
Trusting Him—and keeping small)
And I think He rather likes me blacking bricks!

So black a brick, black a brick,
Why shouldn't I do it to help the sick?
The King is my Father, oh yes, indeed,
And He will provide me with all I need;
Above and beyond that I'll give away—
And it's blacking bricks that He asks today!
(I've a Place-To-Go and I cannot stay—
But join me—and let's black bricks today!)

—Tic



DearR FrieNdS:

It'S a sPiRIT iN thE aIr, yOU knOw—anD hAve yoU cAUghT iT? It'S aS thICk aS a hAlf-cOokEd stEAm pUdDinG arOUnD hERe! PadDy sAys it'S a cRAzE; anD TiLly saYs iT's EnTHusIAsm; anD I sAY iT Is sIMplY ELE-GanT! It's a tINglY sOrt oF soMEthInG thAt gETs inSIDe oF yOu anD mAKeS yOu Ready-to-Do-Things!

It aLwaYs cOMes wHEn tHeRe iS soMEthIng to Do tHAt iS Good, aNd Necessary, and Absolutely-Possible-If - Only - You - Work. It stARts lIke tHIs: sOMebOdY sayS: "ThIs shOUld be dONe." TheN soMEboDy eLsE saYs: "iT CaN bE dONe!" AnD thEN sOMe-bOdY ELse sAYs: "LeT's Do iT!!" (ThaT's tHe rEal sECrEt: tHAt "lET's!" ThE SpiRIt onLy cOMeS wHEn thEre iS Working-Togetherness.)

tHAt's hOW wE cAUgHt iT! I saId: "tHEy'rE bLaCKiNg bRIcKs." PadDy sAId: "I waNt tO bLacK bRicKs!" AnD TiLly saID: "I'M gOINg tO BLaCK bRICks!"

BuT dON'T crY thAt unLesS yOu waNt to caTch tHe sPirIT! beCaUse iT iS iNFalLibLe! We aRe af Raid it Is bOUnd to GEt yOU, thOUgH, beCauSe iT iS sPReaDiNg so. So iF yOu do cATcH iT, aSk foR a BriCK-BLaCk TilL-bOx fRoM:

TIC
c/p THE MEDICAL MISSIONARY
8400 Pine Road
Fox Chase, Philadelphia, Pa.

I wILl be wAItiNg--bECauSe i KnoW iT iS a sPIrIt thAt iS So iRresISStiBle!

YouRs EveR—
TIC.

P.S. keep smiling!

Dear Tic:
I'd like
to black a brick
or two.
If you
will send me Till
(In her new dress)
I'll try to fill
Her up and then
I'll send her
back
to you
when all
the bricks are black!
Enthusias-
tically.

TWO REASONS WHY - - -

Above is Fatma—bent over until her head reaches only waist-high beside the normal American height of Sister Alma Lalinsky, M.D.! Fatma is a victim of osteomalacia, a softening of the bones, which is very painful and completely disabling in the latter stages. It is caused by a lack of vitamines and sunshine!

Holy Family Hospital has cared for many Fatmas; . . . we are working to build a 100-bed hospital in Rawalpindi, Indian!

The baby in the picture above was left motherless; now the father is left childless! In a land like India, the child's chances of survival after the mother's death are very slim. The work of the Medical Missionaries centers especially around the mother and child—but how to care for them without facilities?

---

it has striven to prevent preventable tragedies. But . . .

HOLY FAMILY HOSPITAL IS NO LONGER LARGE ENOUGH TO ACCOMMODATE THE NUMBER OF PATIENTS WHO APPLY FOR ADMISSION!

There's a rhythm to the slogan: Catch it—join it! Get your B. B.* (see page 138):

HELP THE SICK—BLACK A BRICK!

HINTS FOR HELP

- A daily "Ave" for the achievement of our new 100-bed hospital for women and children in Rawalpindi, India.
- A donation towards the building fund.
- Help our helpers! The "Lots for Little Thrift Shop," 902 Third Avenue, New York City, will send for all goods within the city limits. You help us when you help them. Telephone: PLaza 3-1850.

FORM OF BEQUEST

"I give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $..... for its general purposes."